

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

National Association of Insurance and Financial Advisors Political Action Comm

ADDRESS (number and street)

2901 Telestar Ct.

Check if different
than previously
reported. (ACC)

Falls Church

VA

22042

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00005249

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report(Q1)July 15
Quarterly Report(Q2)October 15
Quarterly Report(Q3)January 31
Quarterly Report(YE)July 31 Mid-Year
Report(Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the
State of

5. Covering Period

03

01

2009

through

03

31

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Peter C. Brown

Signature of Treasurer

Electronically Filed by Peter C. Brown

Date

04

17

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

National Association of Insurance and Financial Advisors Political Action Comm

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	3	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
0	3	3	1	2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2009		255406.25
(b) Cash on Hand at Beginning of Reporting Period	313213.15	
(c) Total Receipts (from Line 19)	69229.98	198696.99
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	382443.13	454103.24
7. Total Disbursements (from Line 31)	109753.96	181414.07
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	272689.17	272689.17
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	47778.07	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

National Association of Insurance and Financial Advisors Political Action Comm

Report Covering the Period:

From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	9

To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	12195.25	32249.95
(i) Itemized (use Schedule A)		
(ii) Unitemized	57034.73	166447.04
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	69229.98	198696.99
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ➡	69229.98	198696.99
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	69229.98	198696.99
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	69229.98	198696.99

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	398.96	6877.07
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	398.96	6877.07
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	109100.00	174100.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	255.00	437.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	255.00	437.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	109753.96	181414.07
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	109753.96	181414.07

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	69229.98	198696.99
34. Total Contribution Refunds (from Line 28(d))	255.00	437.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	68974.98	198259.99
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	398.96	6877.07
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	398.96	6877.07

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 / 44

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

A.

Full Name (Last, First, Middle Initial)

Mr. Ronald D. Brant

Mailing Address 10234 Hoffman

City

Maybee

State

MI

Zip Code

48159-9777

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lincoln Financial Network

Occupation
AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

624.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 0 / 2 0 0 9

Transaction ID: 7784560

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

Mr. James W. Oglesby

Mailing Address P. O. Box 1555

City

ENKA

State

NC

Zip Code

28728

FEC ID number of contributing
federal political committee.

C

Name of Employer
J.W. Oglesby & Associates

Occupation
Senior Sales Associate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

429.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 0 / 2 0 0 9

Transaction ID: 7784580

Amount of Each Receipt this Period

143.00

C.

Full Name (Last, First, Middle Initial)

Mr. Shane E. Westhoelter

Mailing Address 5050 Hacienda
1127

City

Dublin

State

CA

Zip Code

94568-7948

FEC ID number of contributing
federal political committee.

C

Name of Employer
Woodbury Financial Services

Occupation
Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 3 / 2 0 0 9

Transaction ID: 7784596

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

601.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

A.

Full Name (Last, First, Middle Initial)

Ms. Iris H. Kuwaye

Mailing Address 9 Lei St.

City

Hilo

State

HI

Zip Code

96720-4202

FEC ID number of contributing
federal political committee.

C

Name of Employer
State Farm Insurance Comp-
anies

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 2 / 2 0 0 9

Transaction ID: 7784612

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Jaford D. Burgad

Mailing Address 3842 N. 10th St.

City

Fargo

State

ND

Zip Code

58102-1044

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mutual of Omaha Companies

Occupation

Representative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 3 / 2 0 0 9

Transaction ID: 7784696

Amount of Each Receipt this Period

270.00

C.

Full Name (Last, First, Middle Initial)

Mr. Robert J. Wernecke

Mailing Address 10456 North 134th Way

City

Scottsdale

State

AZ

Zip Code

85259

FEC ID number of contributing
federal political committee.

C

Name of Employer
ECA Financial Services,
Inc

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 9

Transaction ID: 7784738

Amount of Each Receipt this Period

600.00

SUBTOTAL of Receipts This Page (optional)

1120.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

A.

Full Name (Last, First, Middle Initial)

Mr. Reginald N. Rabjohns

Mailing Address 8700 West Bryn Mawr Ave Ste 600 S.

City

Chicago

State

IL

Zip Code

60631-3507

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rabjohns Financial Group

Occupation

Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 5 / 2 0 0 9

Transaction ID: 7784748

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. John D. Aakre

Mailing Address 3735 Golden Eagle Loop SE

City

Olympia

State

WA

Zip Code

98513-4288

FEC ID number of contributing
federal political committee.

C

Name of Employer
Thrivent Financial for Lu-
therans

Occupation

Senior Financial Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 9 / 2 0 0 9

Transaction ID: 7784824

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Richard J. Rosenthal

Mailing Address 8912 SW 81 Terr

City

Miami

State

FL

Zip Code

33173-4189

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Rosenthal Agency, Inc

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 5 / 2 0 0 9

Transaction ID: 7784884

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

A.

Full Name (Last, First, Middle Initial)

Mr. Matthew S. Tassey

Mailing Address 5 Reggio Ave.

City

Old Orchard Beach

State

ME

Zip Code

04064-2709

FEC ID number of contributing
federal political committee.

C

Name of Employer
Burwell & Burwell

Occupation

Sales Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 0 / 2 0 0 9

Transaction ID: 7784972

Amount of Each Receipt this Period

72.00

B.

Full Name (Last, First, Middle Initial)

Mr. Peter Fulchiron

Mailing Address 411 San Andreas Drive

City

Novato

State

CA

Zip Code

94945-1237

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Life Insurance
Company

Occupation

Agency Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 0 / 2 0 0 9

Transaction ID: 7785004

Amount of Each Receipt this Period

105.00

C.

Full Name (Last, First, Middle Initial)

Mr. Kent A. Bennett

Mailing Address 280 Hollow Road

City

Muncy

State

PA

Zip Code

17756-5789

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kent A. Bennett & Assoc.,
Inc.

Occupation

General Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 0 / 2 0 0 9

Transaction ID: 7785008

Amount of Each Receipt this Period

87.50

SUBTOTAL of Receipts This Page (optional)

264.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

A.

Full Name (Last, First, Middle Initial)

Mr. Edward A. Zabielski, Jr.

Mailing Address 104 Clay Ct.

City

Landenberg

State

PA

Zip Code

19350

FEC ID number of contributing
federal political committee.

C

Name of Employer
Edward A. Zabielski Jr &
Co.

Occupation

President/Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 0 / 2 0 0 9

Transaction ID: 7785058

Amount of Each Receipt this Period

105.00

B.

Full Name (Last, First, Middle Initial)

Mr. Vincent M. D'Addona

Mailing Address 141 Greenway Road

City

Lido Beach

State

NY

Zip Code

11561-4828

FEC ID number of contributing
federal political committee.

C

Name of Employer
D'Addona Rosenbaum

Occupation

General Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 0 / 2 0 0 9

Transaction ID: 7785080

Amount of Each Receipt this Period

105.00

C.

Full Name (Last, First, Middle Initial)

Mr. Lawrence E. Lounds

Mailing Address 2477 Valley Oaks Circle

City

Flint

State

MI

Zip Code

48532

FEC ID number of contributing
federal political committee.

C

Name of Employer
Security 1st Benefits Cor-
p.

Occupation

President/Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 0 / 2 0 0 9

Transaction ID: 7785142

Amount of Each Receipt this Period

105.00

SUBTOTAL of Receipts This Page (optional)

315.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

A.

Full Name (Last, First, Middle Initial)

Mr. Lance B. Kolbet

Mailing Address 4632 Mountain Park Rd.

City

Pocatello

State

ID

Zip Code

83202-1702

FEC ID number of contributing
federal political committee.

C

Name of Employer
University Financial Group

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 0 / 2 0 0 9

Transaction ID: 7785214

Amount of Each Receipt this Period

126.00

B.

Full Name (Last, First, Middle Initial)

Mr. David A. Middaugh

Mailing Address 3273 Evergreen Road

City

Fargo

State

ND

Zip Code

58102-1214

FEC ID number of contributing
federal political committee.

C

Name of Employer
Middaugh & Associates, In-
c.

Occupation
General Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

748.80

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 0 / 2 0 0 9

Transaction ID: 7785348

Amount of Each Receipt this Period

249.60

C.

Full Name (Last, First, Middle Initial)

Mr. Henry L Prien

Mailing Address 415 38th St S Ste E

City

Fargo

State

ND

Zip Code

58103-1190

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Family Life Insu-
rance Co.

Occupation
District Sales Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247.20

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 0 / 2 0 0 9

Transaction ID: 7785789

Amount of Each Receipt this Period

50.40

SUBTOTAL of Receipts This Page (optional)

426.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

A.

Full Name (Last, First, Middle Initial)

Mr. Daniel J. Scholz

Mailing Address 3619 S 55th St

City

Omaha

State

NE

Zip Code

68106-4415

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ameritas Life Insurance

Occupation

Insurance Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 0 / 2 0 0 9

Transaction ID: 7785909

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Mr. Robert M. Roach

Mailing Address 1287 Harrison Pond Drive

City

Columbus

State

OH

Zip Code

43215

FEC ID number of contributing
federal political committee.

C

Name of Employer
NMFN - Kemelgor Fin. Group

Occupation

General Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 0 / 2 0 0 9

Transaction ID: 7785989

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Mr. Thomas E. Fowler

Mailing Address 13243 SE 51st Pl

City

Bellevue

State

WA

Zip Code

98006

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fowler Financial Services,
Inc.

Occupation

President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.50

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 0 / 2 0 0 9

Transaction ID: 7786127

Amount of Each Receipt this Period

107.50

SUBTOTAL of Receipts This Page (optional)

357.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

A.

Full Name (Last, First, Middle Initial)

Mr. Terry M. Kaltenbach

Mailing Address 1358 Ahlrich Ave

City

Encintas

State

CA

Zip Code

92024-4029

FEC ID number of contributing
federal political committee.

C

Name of Employer
Phoenix Life

Occupation

Wealth Management Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 0 / 2 0 0 9

Transaction ID: 7786149

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Mr. William James DeBruin

Mailing Address 106 Edgewood Ln

City

Combined Locks

State

WI

Zip Code

54113

FEC ID number of contributing
federal political committee.

C

Name of Employer
William J. DeBruin Financial Services

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 0 / 2 0 0 9

Transaction ID: 7786169

Amount of Each Receipt this Period

72.00

C.

Full Name (Last, First, Middle Initial)

Mr. M. Jay Einstein

Mailing Address 59 Margarete Dr.

City

Pittsgrove

State

NJ

Zip Code

08318-3015

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life

Occupation

General Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 0 / 2 0 0 9

Transaction ID: 7786187

Amount of Each Receipt this Period

72.00

SUBTOTAL of Receipts This Page (optional)

269.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

A.

Full Name (Last, First, Middle Initial)

Mr. Larry J. Winkelhake

Mailing Address 18600 Longview Ct

City

Brookfield

State

WI

Zip Code

53045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mortensen-Winkelhake

Occupation

General Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 0 / 2 0 0 9

Transaction ID: 7786221

Amount of Each Receipt this Period

90.00

B.

Full Name (Last, First, Middle Initial)

Mr. Russell A. Smith

Mailing Address 22928 San Joaquin Drive East

City

Canyon Lake

State

CA

Zip Code

92587-7831

FEC ID number of contributing
federal political committee.

C

Name of Employer
Torimax Financial Group,
Inc.

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.50

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 0 / 2 0 0 9

Transaction ID: 7786501

Amount of Each Receipt this Period

208.50

C.

Full Name (Last, First, Middle Initial)

Mr. Daniel L. Rust

Mailing Address 114 W. Arnold

City

Bozeman

State

MT

Zip Code

59715-6129

FEC ID number of contributing
federal political committee.

C

Name of Employer
State Farm Insurance Comp-
anies

Occupation

General Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 0 / 2 0 0 9

Transaction ID: 7786547

Amount of Each Receipt this Period

90.00

SUBTOTAL of Receipts This Page (optional)

388.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

A.

Full Name (Last, First, Middle Initial)

Mr. R. Jan Pinney

Mailing Address 5152 Ellington Court

City

Granite Bay

State

CA

Zip Code

95746-7188

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pinney Insurance Center,
Inc.

Occupation

General Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

624.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 0 / 2 0 0 9

Transaction ID: 7786683

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

Mr. David M. Koll

Mailing Address 1612 S. 152nd Street

City

Omaha

State

NE

Zip Code

68144-5121

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mutual of Omaha

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 0 / 2 0 0 9

Transaction ID: 7786807

Amount of Each Receipt this Period

105.00

C.

Full Name (Last, First, Middle Initial)

Mr. Michael J. Ables

Mailing Address PO Box 2205

City

Avila Beach

State

CA

Zip Code

93424-2205

FEC ID number of contributing
federal political committee.

C

Name of Employer
Michael Ables Insurance
Services

Occupation

AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 0 / 2 0 0 9

Transaction ID: 7786949

Amount of Each Receipt this Period

42.50

SUBTOTAL of Receipts This Page (optional)

355.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

A.

Full Name (Last, First, Middle Initial)

Mr. Keith M. Gillies

Mailing Address 109 W. Lakeview Dr.

City

La Place

State

LA

Zip Code

70068-2427

FEC ID number of contributing
federal political committee.

C

Name of Employer
River Parishes Advisors
Group, LLC

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 0 / 2 0 0 9

Transaction ID: 7787479

Amount of Each Receipt this Period

105.00

B.

Full Name (Last, First, Middle Initial)

Mr. Alan C. Kifer

Mailing Address 21500 Park Row Rd
#1115

City

Katy

State

TX

Zip Code

77449-2431

FEC ID number of contributing
federal political committee.

C

Name of Employer
AIG American General

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 0 / 2 0 0 9

Transaction ID: 7787618

Amount of Each Receipt this Period

210.00

C.

Full Name (Last, First, Middle Initial)

Mr. Glenn P. Deal, Jr.

Mailing Address 58 Golf Course Ln.

City

Taylorsville

State

NC

Zip Code

28681-7847

FEC ID number of contributing
federal political committee.

C

Name of Employer
Thrivent Financial for Lu-
therans

Occupation

Financial Associate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.25

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 0 / 2 0 0 9

Transaction ID: 7787680

Amount of Each Receipt this Period

68.75

SUBTOTAL of Receipts This Page (optional)

383.75

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

A.

Full Name (Last, First, Middle Initial)

Mr. Harlynn N. Bjerke

Mailing Address P. O. Box 144

City

Adams

State

ND

Zip Code

58210-0144

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mutual of Omaha Companies

Occupation
AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 0 / 2 0 0 9

Transaction ID: 7787748

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Mr. Jaford D. Burgad

Mailing Address 3842 N. 10th St.

City

Fargo

State

ND

Zip Code

58102-1044

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mutual of Omaha Companies

Occupation
Representative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 0 / 2 0 0 9

Transaction ID: 7787750

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Mr. Lawrence Wiener

Mailing Address 3981 N. 32 Terrace

City

Hollywood

State

FL

Zip Code

33021-2022

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pension Investors Corpora-
tion

Occupation
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 9 / 2 0 0 9

Transaction ID: 7787838

Amount of Each Receipt this Period

600.00

SUBTOTAL of Receipts This Page (optional)

660.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

A.

Full Name (Last, First, Middle Initial)

Mr. James R. Christensen, Jr.

Mailing Address 440 Regency Pkwy Dr #210A

City

Omaha

State

NE

Zip Code

68114

FEC ID number of contributing
federal political committee.

C

Name of Employer
INSOURCE, Inc.

Occupation

General Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 0 / 2 0 0 9

Transaction ID: 7788175

Amount of Each Receipt this Period

105.00

B.

Full Name (Last, First, Middle Initial)

Mr. Lance P. Franczyk

Mailing Address 3009 Alyssum Ct.

City

Edmond

State

OK

Zip Code

73034

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oklahoma City Group

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 0 / 2 0 0 9

Transaction ID: 7788643

Amount of Each Receipt this Period

60.00

C.

Full Name (Last, First, Middle Initial)

Ms. Eleanor B. Blaylock

Mailing Address 9439 Gay Lane

City

Oil City

State

LA

Zip Code

71061

FEC ID number of contributing
federal political committee.

C

Name of Employer
Burke & Burke Insurance
Mrktg, Inc.

Occupation

Agency Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 0 / 2 0 0 9

Transaction ID: 7788673

Amount of Each Receipt this Period

105.00

SUBTOTAL of Receipts This Page (optional)

270.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

A.

Full Name (Last, First, Middle Initial)

Mr. Terry K. Headley

Mailing Address 20704 Meadow Ridge Dr

City

Springfield

State

NE

Zip Code

68059-7086

FEC ID number of contributing
federal political committee.

C

Name of Employer
Headley / Scott & Associa-
tes

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

624.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 0 / 2 0 0 9

Transaction ID: 7788809

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

Mr. Steven M. Stratton

Mailing Address 17131 Parkview Dr

City

Morgan Hill

State

CA

Zip Code

95037-6606

FEC ID number of contributing
federal political committee.

C

Name of Employer
Financial & Insurance Ser-
vices

Occupation

PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 0 / 2 0 0 9

Transaction ID: 7789278

Amount of Each Receipt this Period

105.00

C.

Full Name (Last, First, Middle Initial)

Mr. Boyd Lee Williams

Mailing Address 7023 W. Williamette Ave

City

Kennewick

State

WA

Zip Code

99336-1280

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kansas City Life Insurance
Company

Occupation

Sales Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

624.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 0 / 2 0 0 9

Transaction ID: 7789358

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

521.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

A.

Full Name (Last, First, Middle Initial)

Mr. Robert A. Styrkiewicz

Mailing Address 361 Pines Blvd.

City

Lake Villa

State

IL

Zip Code

60046-6600

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance

Occupation

Exclusive Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 0 / 2 0 0 9

Transaction ID: 7789624

Amount of Each Receipt this Period

67.00

B.

Full Name (Last, First, Middle Initial)

Mr. Joseph A. Sztapka

Mailing Address 3705 S. Judy Ave

City

Sioux Falls

State

SD

Zip Code

57103-7248

FEC ID number of contributing
federal political committee.

C

Name of Employer
Modern Woodmen of America

Occupation

Agency Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 0 / 2 0 0 9

Transaction ID: 7789665

Amount of Each Receipt this Period

75.00

C.

Full Name (Last, First, Middle Initial)

Mr. James E. Mitchell

Mailing Address 3990 Jones Ln

City

Bellingham

State

WA

Zip Code

98225-8544

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mitchell Financial Services

Occupation

OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 0 / 2 0 0 9

Transaction ID: 7789779

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

217.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

A.

Full Name (Last, First, Middle Initial)

Mr. James A. Shalek

Mailing Address 1706 Candleberry Lane

City

Yorkville

State

IL

Zip Code

60560-5810

FEC ID number of contributing
federal political committee.

C

Name of Employer
Principal Financial Group

Occupation

Insurance Agent

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 0 / 2 0 0 9

Transaction ID: 7790469

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)

Mr. Cliff F. Wilson

Mailing Address 1458 W. Bahia Court

City

Gilbert

State

AZ

Zip Code

85233-5600

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southeast Arizona Ins. Se-
rvices, LTD /

Occupation

General Agent

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 0 / 2 0 0 9

Transaction ID: 7790707

Amount of Each Receipt this Period

126.00

C.

Full Name (Last, First, Middle Initial)

Mr. James W. Simons

Mailing Address 1712 13th Street NW

City

Minot

State

ND

Zip Code

58703

FEC ID number of contributing
federal political committee.

C

Name of Employer
First Command Financial
Planning

Occupation

Insurance Agent

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 0 / 2 0 0 9

Transaction ID: 7791068

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)

216.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

A.

Full Name (Last, First, Middle Initial)

Mr. Paul Adams

Mailing Address 5101 Missy Maric Lane

City

Las Vegas

State

NV

Zip Code

89130

FEC ID number of contributing
federal political committee.

C

Name of Employer
Clearline Financial Group

Occupation

Field Representative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 0 / 2 0 0 9

Transaction ID: 7792097

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Mr Joseph L Morton, III

Mailing Address 5487 N. Bach

City

Meridian

State

ID

Zip Code

83642

FEC ID number of contributing
federal political committee.

C

Name of Employer
Intermountain Legal Group

Occupation

Attorney At Law

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 0 / 2 0 0 9

Transaction ID: 7792134

Amount of Each Receipt this Period

126.00

C.

Full Name (Last, First, Middle Initial)

Mr. James A. Counter

Mailing Address 782 132nd Avenue

City

Hudson

State

WI

Zip Code

54017

FEC ID number of contributing
federal political committee.

C

Name of Employer
J.A. Counter & Associates,
Inc.

Occupation

Sales Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 2 / 2 0 0 9

Transaction ID: 7792312

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

576.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

A.

Full Name (Last, First, Middle Initial)

Mr. John Jay Fletcher

Mailing Address 4003 Willow St

City

Pascagoula

State

MS

Zip Code

39567

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nationwide Insurance

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 2 / 2 0 0 9

Transaction ID: 7792362

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Dean G. Macheras

Mailing Address 61 Oakwood Dr

City

Monroe

State

LA

Zip Code

71203-2776

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dean Macheras Insurance
Agency

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 3 / 2 0 0 9

Transaction ID: 7792421

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Michael L. Kerley

Mailing Address 2901 Telestar Court

City

Falls Church

State

VA

Zip Code

22042

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAIFA

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.25

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 0 / 2 0 0 9

Transaction ID: 7792457

Amount of Each Receipt this Period

52.25

SUBTOTAL of Receipts This Page (optional)

552.25

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

A.

Full Name (Last, First, Middle Initial)

Mr. Michael L. Kerley

Mailing Address 2901 Telestar Court

City

Falls Church

State

VA

Zip Code

22042

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAIFA

Occupation

Senior Vice President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

313.50

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 0 / 2 0 0 9

Transaction ID: 7792459

Amount of Each Receipt this Period

52.25

B.

Full Name (Last, First, Middle Initial)

Mr. James M. Pollock

Mailing Address 10 Foxtail

City

Portola Valley

State

CA

Zip Code

94028

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pollock Financial Group

Occupation

President & CEO

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 3 / 2 0 0 9

Transaction ID: 7792545

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. William P. Krause

Mailing Address 1765 Elbow Lane

City

Allentown

State

PA

Zip Code

18103-9654

FEC ID number of contributing
federal political committee.

C

Name of Employer
Krause Financial Services

Occupation

Financial Services Representative

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 4 / 2 0 0 9

Transaction ID: 7792637

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

552.25

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

A.

Full Name (Last, First, Middle Initial)

Nathan T. Bennett

Mailing Address 5162 Mount Tam Circle

City

Pleasanton

State

CA

Zip Code

94588

FEC ID number of contributing
federal political committee.

C

Name of Employer
Summit Financial Group,
LLC

Occupation

Financial Advisor

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 4 / 2 0 0 9

Transaction ID: 7792641

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Paul J. McGoldrick

Mailing Address P. O. Box 439
106 Main St

City

Littleton

State

NH

Zip Code

03561-0439

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northeast Planning Associ-
ates, Inc.

Occupation

AGENT

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 3 / 2 0 0 9

Transaction ID: 7792664

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Mr. Randy T. Robertson

Mailing Address P.O. Box 93893

City

Lubbock

State

TX

Zip Code

79493-3893

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sanford Insurance Agency

Occupation

Insurance Agent

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 6 / 2 0 0 9

Transaction ID: 7792734

Amount of Each Receipt this Period

450.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

A.

Full Name (Last, First, Middle Initial)

Mrs. Linda W. Flowers

Mailing Address 15 Chipmunk Lane

City

Norwalk

State

CT

Zip Code

06850-4309

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAIFA - Connecticut

Occupation

Executive Director

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 4 / 2 0 0 9

Transaction ID: 7792776

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Ms. Ellen E. Burmester

Mailing Address 9178 Rolling Tree Lane

City

Fair Oaks

State

CA

Zip Code

95628

FEC ID number of contributing
federal political committee.

C

Name of Employer
State Farm

Occupation

AGENT

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 6 / 2 0 0 9

Transaction ID: 7792826

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mr. Joseph R. Nienhaus

Mailing Address 1600 Cedar Bend

City

Hartland

State

WI

Zip Code

53029-8663

FEC ID number of contributing
federal political committee.

C

Name of Employer
Woodbury Financial

Occupation

Regional Sales Director

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 6 / 2 0 0 9

Transaction ID: 7792850

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

A.

Full Name (Last, First, Middle Initial)

Mr. Walter J. Shields

Mailing Address 3020 - 38th Avenue West

City

Seattle

State

WA

Zip Code

98199-2513

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kibble & Prentice

Occupation

Senior Sales Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 7 / 2 0 0 9

Transaction ID: 7792880

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Warren Buster West

Mailing Address 46451 Evergreen Lane

City

Cleveland

State

MN

Zip Code

56017-9707

FEC ID number of contributing
federal political committee.

C

Name of Employer
Minnesota Business Center

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 7 / 2 0 0 9

Transaction ID: 7792932

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. James Peters

Mailing Address 11702 Golden Valley Dr

City

New Port Richey

State

FL

Zip Code

34654-3650

FEC ID number of contributing
federal political committee.

C

Name of Employer
State Farm Insurance Cos.

Occupation

Agency Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 7 / 2 0 0 9

Transaction ID: 7792962

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

A.

Full Name (Last, First, Middle Initial)

Mr. Martin F. Palumbos

Mailing Address 442 Locust Hill Drive

City

Webster

State

NY

Zip Code

14580-1027

FEC ID number of contributing
federal political committee.

C

Name of Employer
PS & E Plan To Prosper

Occupation

Certified Financial Planner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 7 / 2 0 0 9

Transaction ID: 7792994

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Steven A. Rosales

Mailing Address 1145 -46 Street Place

City

Moline

State

IL

Zip Code

61265

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Life Insurance
Company

Occupation

Exclusive Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

-25.50

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 0 / 2 0 0 9

Transaction ID: 7823278

Amount of Each Receipt this Period

0.00

[MEMO ITEM]

Refund(s) on Schedule B
Totaling \$34.00 This changes
the YTD Total to \$-25-
.50

C.

Full Name (Last, First, Middle Initial)

Mr. Roger W. Hassler

Mailing Address 22593 Counrty View De

City

San Jose

State

CA

Zip Code

95120-4510

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Life Insurance
Company

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

-126.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 7 / 2 0 0 9

Transaction ID: 7823279

Amount of Each Receipt this Period

0.00

[MEMO ITEM]

Refund(s) on Schedule B
Totaling \$126.00 This changes
the YTD Total to \$-1-
26.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 44

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

A.

Full Name (Last, First, Middle Initial)

Mr. John C. Urban

Mailing Address P. O. Box 2020

City

Clovis

State

NM

Zip Code

88102-2020

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

-74.40

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 9

Transaction ID: 7823280

Amount of Each Receipt this Period

0.00

[MEMO ITEM]

Refund(s) on Schedule B
Totaling \$60.00 This changes the YTD Total to \$-74-
40

B.

Full Name (Last, First, Middle Initial)

Jennifer C. Rose

Mailing Address 10290 Shawns Grove Place

City

Mechanicsville

State

VA

Zip Code

23116-5839

FEC ID number of contributing
federal political committee.

C

Name of Employer
Capital Financial Partner-
s, LLC.

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

-17.50

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 9

Transaction ID: 7823281

Amount of Each Receipt this Period

0.00

[MEMO ITEM]

Refund(s) on Schedule B
Totaling \$35.00 This changes the YTD Total to \$-17-
50

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

12195.25

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

A.

Full Name (Last, First, Middle Initial)

Boyd For Congress

Mailing Address P.O. Box 15703

City
Tallahassee

State
FL

Zip Code
32317

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rep. Allen Boyd

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 02

Transaction ID: 7705999

Date of Disbursement

03 / 03 / 2009

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

PAC to the Future

Mailing Address PMB 3230
268 Bush Street

City
San Francisco

State
CA

Zip Code
94101

Purpose of Disbursement

011

Category/
Type

Candidate Name
PAC to the Future

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 7706000

Date of Disbursement

03 / 03 / 2009

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Peters For Congress

Mailing Address PO Box 226

City
Bloomfield Hills

State
MI

Zip Code
48303

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rep. Gary C. Peters

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 09

Transaction ID: 7706001

Date of Disbursement

03 / 03 / 2009

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

A. Full Name (Last, First, Middle Initial) Growth & Prosperity PAC	Transaction ID: 7706002 Date of Disbursement
Mailing Address 1155 21st Street, NW/Suite 300	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 3 / 2 0 0 9</div> </div>
City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>5000.00</div>
Candidate Name Growth & Prosperity PAC	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Halvorson For Congress	Transaction ID: 7706900 Date of Disbursement
Mailing Address PO Box 176	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 5 / 2 0 0 9</div> </div>
City Crete State IL Zip Code 60417	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Rep. Deborah L. Halvorson	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 11	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Adrian Smith For Congress	Transaction ID: 7716585 Date of Disbursement
Mailing Address 3321 Avenue I Suite 6	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 6 / 2 0 0 9</div> </div>
City Scottsbluff State NE Zip Code 69361	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>5000.00</div>
Candidate Name Rep. Adrian Smith	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

11000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

<p>A. Full Name (Last, First, Middle Initial) Citizens for Hope Responsibility Independence</p> <p>Mailing Address and Service PAC (CHRIS PAC) 607 14th Street, NW/ Suite 800</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Citizens for Hope Responsibility Independence</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 7724255 Date of Disbursement <div style="display: flex; justify-content: space-around;"> <small>M M</small> 0 3 <small>D D</small> 0 9 <small>Y Y Y Y</small> 2 0 0 9 </div> </p> <p>Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">2500.00</div> </p>
<p>B. Full Name (Last, First, Middle Initial) Levin For Congress</p> <p>Mailing Address PO Box 37</p> <p>City Roseville State MI Zip Code 48066</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Sander M. Levin</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: MI District: 12</p>	<p>Transaction ID: 7724266 Date of Disbursement <div style="display: flex; justify-content: space-around;"> <small>M M</small> 0 3 <small>D D</small> 0 9 <small>Y Y Y Y</small> 2 0 0 9 </div> </p> <p>Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">2500.00</div> </p>
<p>C. Full Name (Last, First, Middle Initial) Grassley Committee Inc</p> <p>Mailing Address PO Box 1000</p> <p>City Des Moines State IA Zip Code 50304</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Sen. Charles E. Grassley</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: IA District:</p>	<p>Transaction ID: 7740951 Date of Disbursement <div style="display: flex; justify-content: space-around;"> <small>M M</small> 0 3 <small>D D</small> 1 1 <small>Y Y Y Y</small> 2 0 0 9 </div> </p> <p>Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">3000.00</div> </p>

SUBTOTAL of Disbursements This Page (optional) ►

8000.00

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

A.

Full Name (Last, First, Middle Initial)

Pallone For Congress

Mailing Address PO Box 3176

City

Long Branch

State

NJ

Zip Code

07740

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Frank Pallone, Jr.

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

2010

☒ Primary

☐ General

☐ Other (specify) ▼

State: NJ

District: 06

Transaction ID: 7740958

Date of Disbursement

03 / 11 / 2009

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

DAKPAC

Mailing Address 420 C Street, NE/Lower Level

City

Washington

State

DC

Zip Code

20002

Purpose of Disbursement

011

Category/
Type

Candidate Name

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Transaction ID: 7740962

Date of Disbursement

03 / 11 / 2009

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Pallone For Congress

Mailing Address PO Box 3176

City

Long Branch

State

NJ

Zip Code

07740

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Frank Pallone, Jr.

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

2010

☒ Primary

☐ General

☐ Other (specify) ▼

State: NJ

District: 06

Transaction ID: 7762331

Date of Disbursement

03 / 19 / 2009

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Matheson For Congress</p> <p>Mailing Address P.O. Box 521048 Suite A</p> <p>City Salt Lake City State UT Zip Code 84152</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. James D. Matheson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: UT District: 02</p>	<p>Transaction ID: 7763263</p> <p>Date of Disbursement <div style="display: flex; justify-content: space-around;"> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>03 / 19 / 2009</div> </div> </p> <p>Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">2500.00</div> </p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Friends Of Bill Posey</p> <p>Mailing Address 1824 South Fiske Boulevard</p> <p>City Rockledge State FL Zip Code 32955</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Bill Posey</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: FL District: 15</p>	<p>Transaction ID: 7765050</p> <p>Date of Disbursement <div style="display: flex; justify-content: space-around;"> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>03 / 23 / 2009</div> </div> </p> <p>Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">1000.00</div> </p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Boyd For Congress</p> <p>Mailing Address P.O. Box 15703</p> <p>City Tallahassee State FL Zip Code 32317</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Allen Boyd</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: FL District: 02</p>	<p>Transaction ID: 7765064</p> <p>Date of Disbursement <div style="display: flex; justify-content: space-around;"> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>03 / 23 / 2009</div> </div> </p> <p>Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">3000.00</div> </p>

SUBTOTAL of Disbursements This Page (optional) ►

6500.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

A.

Full Name (Last, First, Middle Initial)

Blue Dog PAC

Mailing Address P.O. Box 7668

City
WashingtonState
DCZip Code
20004

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 7765323

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	0	9

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Maloney For Congress

Mailing Address 49 East 92nd Street

City
New YorkState
NYZip Code
10128

Purpose of Disbursement

Candidate Name
Rep. Carolyn B. MaloneyOffice Sought: ☒ House
☐ Senate
☐ President

State: NY District: 14

Disbursement For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 7765324

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	0	9

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Crowley For Congress

Mailing Address 84-56 Grand Avenue

City
ElmhurstState
NYZip Code
11373

Purpose of Disbursement

Candidate Name
Rep. Joseph CrowleyOffice Sought: ☒ House
☐ Senate
☐ President

State: NY District: 07

Disbursement For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 7765325

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	0	9

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

15000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

A. Full Name (Last, First, Middle Initial) Mike Pence Committee	Transaction ID: 7765326 Date of Disbursement																				
Mailing Address P. O. Box 408	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	4		2	0	0	9												
City Anderson State IN Zip Code 46015	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Rep. Michael R. Pence	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IN District: 06																					
B. Full Name (Last, First, Middle Initial) Bachmann For Congress	Transaction ID: 7765327 Date of Disbursement																				
Mailing Address PO Box 25950	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	4		2	0	0	9												
City Woodbury State MN Zip Code 55125	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Rep. Michele Bachmann	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MN District: 06																					
C. Full Name (Last, First, Middle Initial) National Republican Congressional Committee	Transaction ID: 7765328 Date of Disbursement																				
Mailing Address 320 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	4		2	0	0	9												
City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>15000.00</td> </tr> </table>	15000.00																			
15000.00																					
Candidate Name National Republican Congressional Committee	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:																					

SUBTOTAL of Disbursements This Page (optional)

17000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

A. Full Name (Last, First, Middle Initial) Childers For Congress	Transaction ID: 7765329 Date of Disbursement																				
Mailing Address PO Box 177	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	4		2	0	0	9												
City Booneville State MS Zip Code 38829	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Rep. Travis Wayne Childers	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) David Vitter For Us Senate	Transaction ID: 7765333 Date of Disbursement																				
Mailing Address PO Box 8175	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	4		2	0	0	9												
City Metairie State LA Zip Code 70011	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name Sen. David Vitter	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Garrett for Congress	Transaction ID: 7765334 Date of Disbursement																				
Mailing Address PO Box 905	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	4		2	0	0	9												
City Newton State NJ Zip Code 07860	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name Scott Garrett	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

A.

Full Name (Last, First, Middle Initial)

Larson For Congress

Mailing Address 29 Ruff Circle

City
Glastonbury

State
CT

Zip Code
06033

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. John B. Larson

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2010

☒ Primary ☐ General
☐ Other (specify) ▼

State: CT

District: 01

Transaction ID: 7765335

Date of Disbursement

03 / 24 / 2009

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Klein For Congress

Mailing Address 21301 Powerline Road, Suite 204

City
Boca Raton

State
FL

Zip Code
33431

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Ronald Klein

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2010

☒ Primary ☐ General
☐ Other (specify) ▼

State: FL

District: 22

Transaction ID: 7765409

Date of Disbursement

03 / 24 / 2009

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Heller For Congress

Mailing Address PO Box 750580

City
Las Vegas

State
NV

Zip Code
89136

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Dean Heller

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2010

☒ Primary ☐ General
☐ Other (specify) ▼

State: NV

District: 02

Transaction ID: 7765411

Date of Disbursement

03 / 24 / 2009

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

A. Full Name (Last, First, Middle Initial) Bocchieri For Congress	Transaction ID: 7765412 Date of Disbursement
Mailing Address PO Box 3016	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 4 / 2 0 0 9</div> </div>
City Alliance State OH Zip Code 44601	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>2500.00</div>
Candidate Name Rep. John A. Bocchieri	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 16	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Ryan For Congress	Transaction ID: 7767192 Date of Disbursement
Mailing Address P. O. Box 1919	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 6 / 2 0 0 9</div> </div>
City Janesville State WI Zip Code 53547	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>5000.00</div>
Candidate Name Rep. Paul Ryan	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Jeff Fortenberry For United States Congress	Transaction ID: 7767494 Date of Disbursement
Mailing Address 1610 N Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 6 / 2 0 0 9</div> </div>
City Lincoln State NE Zip Code 68508	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Rep. Jeffrey Fortenberry	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

A.

Full Name (Last, First, Middle Initial)

Citizens For Bunning

Mailing Address 1717 Dixie Highway Suite 180

City
Ft Wright

State
KY

Zip Code
41011

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. James Bunning

Office Sought:

☐ House

☒ Senate

☐ President

Disbursement For:

2010

☒ Primary

☐ General

☐ Other (specify) ▼

State: KY

District:

Transaction ID: 7769890

Date of Disbursement

03 / 27 / 2009

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Lance For Congress

Mailing Address PO Box 225

City
Colonia

State
NJ

Zip Code
07067

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Leonard Lance

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

2010

☒ Primary

☐ General

☐ Other (specify) ▼

State: NJ

District: 07

Transaction ID: 7769891

Date of Disbursement

03 / 27 / 2009

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Barney Frank For Congress Committee

Mailing Address PO Box 260

City
Newtonville

State
MA

Zip Code
02460

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Barney Frank

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

2010

☒ Primary

☐ General

☐ Other (specify) ▼

State: MA

District: 04

Transaction ID: 7769893

Date of Disbursement

03 / 27 / 2009

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

A. Full Name (Last, First, Middle Initial) Democratic Senatorial Campaign Committee	Transaction ID: 7772925 Date of Disbursement
Mailing Address 430 South Capitol Street, SE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 1 / 2 0 0 9</div> </div>
City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>5000.00</div>
Candidate Name Democratic Senatorial Campaign Committee	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Marsha Blackburn For Congress Inc.	Transaction ID: 7772951 Date of Disbursement
Mailing Address PO Box 682185	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 1 / 2 0 0 9</div> </div>
City Franklin State TN Zip Code 37068	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Rep. Marsha Blackburn	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 07	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Lincoln Davis For Congress	Transaction ID: 7772952 Date of Disbursement
Mailing Address PO Box 350	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 1 / 2 0 0 9</div> </div>
City Jamestown State TN Zip Code 38556	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>2500.00</div>
Candidate Name Rep. Lincoln Davis	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 04	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

A.

Full Name (Last, First, Middle Initial)

Lucille Roybal-Allard For Congress

Mailing Address P.O. Box 582

City
Kensington

State
MD

Zip Code
20895

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Lucille Roybal-Allard

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 34

Transaction ID: 7772953

Date of Disbursement

MM / DD / YYYY
03 / 31 / 2009

Amount of Each Disbursement this Period

100.00

SUBTOTAL of Disbursements This Page (optional)

100.00

TOTAL This Period (last page this line number only)

109100.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

A.

Full Name (Last, First, Middle Initial)

Wachovia

Mailing Address P.O. box 40031

City
Roanoke

State
VA

Zip Code
24022-0031

Purpose of Disbursement
bank fees

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 7823272

Date of Disbursement

03 / 25 / 2009

Amount of Each Disbursement this Period

398.96

bank fees

SUBTOTAL of Disbursements This Page (optional)

398.96

TOTAL This Period (last page this line number only)

398.96

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

National Association of Insurance ad Financial Advisors Political Action Comm

Nature of Debt (Purpose):

Payroll, benefits, supplies, copies

Mailing Address 2901 Telestar Ct

City

State

ZIP Code

Falls Church

VA

22042

Outstanding Balance Beginning This Period

40205.95

Transaction ID: 7823282

Amount Incurred This Period

7572.12

Payment This Period

0.00

Outstanding Balance at Close of This Period

47778.07

1) **SUBTOTALS** This Period This Page (optional)..... ▶

47778.07

2) **TOTALS** This Period (last page this line number only)..... ▶

47778.07

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶

47778.07